

**RULES
OF
TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION**

**CHAPTER 0940-5-14
MINIMUM PROGRAM REQUIREMENTS FOR MENTAL
HEALTH OUTPATIENT FACILITIES**

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0940-5-14-.01 POLICIES AND PROCEDURES FOR OUTPATIENT FACILITIES.

- (1) The facility must have a written policy and procedures manual which includes the following elements:
 - (a) A quality assurance procedure which assesses the quality of care at the facility. This procedure must ensure appropriate treatment has been delivered according to acceptable clinical practice;
 - (b) A written program description which must be available to staff, clients and members of the public. The description must include, but need not to be limited to, the following:
 - 1. Services offered by the facility, availability of staff (including medical) to provide services and hours of operation,
 - 2. Characteristics of the person(s) to be served,
 - 3. Referral process,
 - 4. Admission criteria,
 - 5. Re-admission criteria,
 - 6. Facility rules for client,
 - 7. Referral mechanisms for services outside the agency (both medical and non-medical),
 - 8. Emergency and non-emergency transportation of clients, and
 - 9. Discharge criteria;
 - (c) Policies and procedures which address the methods for managing disruptive behavior;
 - (d) If restrictive procedures are used to manage disruptive behaviors, written policies and procedures must govern their use and must minimally ensure the following:

(Rule 0940-5-.14-.01, continued)

1. Restrictive procedures will be used by the facility only after all less-restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective,
 2. The client must have given written consent to any restrictive measures taken with him/her by the clinical staff,
 3. The restrictive procedure(s) must be documented in the Individual Program Plan, be justifiable as part of the plan and meet all requirements that govern the development and review for the plan,
 4. Only mental health professionals or mental health personnel may use restrictive procedures and must be adequately trained in their use, and
 5. The adaptive or desirable behavior should be taught to the client in conjunction with the implementation of the restrictive procedures; and
- (e) A policy which states Physical Holding must be implemented in such a way as to minimize any physical harm to the client and may only be used when the client poses an immediate threat under the following conditions:
1. The client poses an immediate danger to self or others, and/or
 2. To prevent the client from causing substantial property damage.

Authority: T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-14-.02 PERSONNEL REQUIREMENTS FOR OUTPATIENT FACILITIES.

- (1) Provide direct-treatment and/or rehabilitation services by mental health professionals or by mental health personnel who are under the direct clinical supervision of a mental health professional.
- (2) Maintain a written agreement with or employ a physician to serve as medical consultant to the facility.
- (3) If the physician is not a psychiatrist, the facility must also arrange for the regular, consultative and emergency services of a psychiatrist.
- (4) In case of a medical or other type of emergency, the facility staff must have immediate access to relevant information in the client's record.

Authority: T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-14-.03 CLIENT ASSESSMENT REQUIREMENTS FOR OUTPATIENT FACILITIES.

- (1) The facility must ensure that the following assessments are completed prior to the development of the Individual Program Plan:
 - (a) Assessment of current functioning according to presenting problem including a history of the presenting problem:
 - (b) Basic medical history and information:
 - (c) A six-month history of prescribed medications, frequently used over-the-counter medications and alcohol and other drugs; and

(Rule 0940-5-.14-.03,continued)

- (d) A history of prior mental health and alcohol and drug treatment episodes.

Authority: T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-14-.04 INDIVIDUAL PROGRAM PLAN REQUIREMENTS FOR OUTPATIENT FACILITIES.

- (1) An Individual Program Plan must be developed for each client which is based on an initial history and ongoing assessment and which is completed within thirty (30) days of admission. Documentation of the Individual Program Plan (IPP) must include the following:
 - (a) The client's name;
 - (b) The date of development of the IPP;
 - (c) Specified client problems in the IPP which are to be addressed within the particular service/program component;
 - (d) Client goals which are related to specified problems identified in the IPP and which are to be addressed by the particular serve/program component;
 - (e) Interventions addressing goals in the IPP;
 - (f) The signatures of the appropriate staff;
 - (g) Documentation of client participation in the treatment planning process;
 - (h) Standardized diagnostic formulation(s), (e.g., DSM-III, ICD-9); and
 - (i) Planned frequency of contacts.

Authority: T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-14-.05 INDIVIDUAL PROGRAM PLAN REVIEW IN OUTPATIENT FACILITIES. The facility must review and, if indicated, revise the IPP every six (6) months.

Authority: T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-14-.06 CLIENT RECORD REQUIREMENTS FOR OUTPATIENT FACILITIES.

- (1) An individual client record must be maintained which includes the following:
 - (a) Progress notes which must include written documentation of progress or changes which have occurred within the IPP and which must be developed after each service contact;
 - (b) Documentation of all drugs prescribed or administered by the facility which indicates date prescribed, type, dosage, frequency, amount and reason;
 - (c) Narrative summary review of all medications prescribed at least every six (6) months which includes specific reasons for continuation of each medication; and
 - (d) A discharge summary which states, if appropriate, the client's condition at the time of discharge and signature of person preparing the summary.

Authority: T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.